

**ARKANSAS INSURANCE DEPARTMENT****2005 FORM AID AC EST-Q**

Accounting Division
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE: (501) 371-2605
www.arkansas.gov/insurance/

ESTIMATED PREMIUM TAX

____ ORIGINAL FILING

____ AMENDED FILING

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)	
COMPANY NAME			
MAILING ADDRESS			
CONTACT PERSON			
TELEPHONE NUMBER		EXT	FAX NUMBER
EMAIL ADDRESS			

All insurers must file this form even if no business was written during the reporting period.

Choose the appropriate quarter per filing period and enter check mark in box.

Choose the Company type and mark one.

Complete each line using the line-by-line instructions.

- **Line 1** Enter the amount of estimated premium tax due for the quarter.
- **Line 2** Compute any penalty due with this payment.
- **Line 3** Add Lines 1 and 2 together and enter result here.
DO NOT TAKE ANY CREDITS FOR PRIOR YEAR PAYMENTS.
- **Line 4** If your estimated premium tax is less than \$25, enter amount deferred here.

FILING DEADLINE FOR QUARTER

(Mark one)

1st Quarter: Due May 16 ☐2nd Quarter: Due August 15 ☐3rd Quarter: Due November 15 ☐

1. Estimated Quarterly Tax	1.
2. Penalty (Late report or payment \$100 per day)	2.
3. AMOUNT DUE	3.
4. Deferred Amount (less than \$25)	4.

Make check payable to:**STATE TREASURER OF ARKANSAS****Mail to:** Arkansas Insurance Department

Attn: Accounting Division

1200 West Third Street

Little Rock, AR 72201-1904

To Contact Us: Phone 501-371-2605 or E-mail: www.arkansas.gov/insurance/

Company Type: (Mark one)

Life/AH ☐Prop/Cas ☐HMO/HM ☐FMAA ☐Title ☐

Signature of Officer
(must be original signature)

Date